

**Indiana Department of Insurance  
Company Filing Checklist - Policy Review Standards**

**School Trust Insurance Pooling  
IC 20-42.5-2-1 and 760 IAC 1-75**

This checklist must be submitted with any health form filing(s) for School Trust Insurance Pooling. Please attach a completed checklist to your form filing.

School Trust Name: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Instructions:**

The checklist contains specific requirements/provisions and certifications that the Insurer has acknowledged and is in compliance with particular laws, regulations and bulletins. The Insurer should address **each** checklist line item in the columns as follows:

- Provide the specific location(s) in the document provided which addresses the requirement, or
- Provide an explanation as to why the Insurer believes the item is not applicable.

Requirement	Location in Document (note page #)	IDOI use
<b>The following are Patient Protection and Affordable Care Act (PPACA) requirements:</b>		
<b>Section 2714 - PHSA/Section 101 - PPACA:</b> <b>Extends Dependent Coverage for Children Until age 26:</b> Plans and issuers that offer dependent coverage must make the coverage available to adult children up to age 26, even if they are married, not living with you, attending school, not financially dependent on you, or eligible to enroll in their employer's plan.		
<b>Section 2704 - PHSA/Section 1201 – PPACA:</b> <b>Eliminate Pre-existing Condition Exclusions:</b> Prohibits preexisting condition exclusions on any participant or beneficiary.		
<b>Section 2713 - PHSA/Section 1001 – PPACA:</b> <b>Coverage of Preventive Health Services:</b> Plans must provide coverage without cost-sharing for: <ol style="list-style-type: none"> <li>1) Services recommended by the US Preventive Services Task Force- <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm</a>.</li> <li>2) Immunizations recommended by the CDC.</li> <li>3) Preventive Care &amp; Screening for infants, children &amp; adolescents.</li> <li>4) Preventive care and screenings for women.</li> </ol> Plans that have a network of providers may impose cost sharing delivered by out of network providers. If billed separately from an office visit, the plan may impose cost sharing on the office visit.		
<b>Section 2719A - PHSA/Section 10101 – PPACA:</b> <b>Choice of Health Care Professional:</b> A plan that requires the designation of a PCP must allow the choice of any in-network PCP who is accepting patients.		
<b>Section 2719A - PHSA/Section 10101 - PPACA:</b> <b>Access to Pediatric Care:</b> If designation of a PCP for a child is required, the plan must allow the choice to designate a physician who specializes in pediatrics as the child's PCP, if the provider is in-network and is accepting patients.		
<b>Section 2719A - PHSA/Section 10101 – PPACA:</b> <b>Access to OB/GYNs:</b> Prohibits authorization or referral requirements for OB/GYN		

Requirement	Location in Document (note page #)	IDOI use
care provided by in-network providers who specialize in obstetrics or gynecology.		
<b>Section 2719A - PHS/Section 10101 – PPACA:</b> <b>Emergency Services:</b> No prior authorization is required for emergency services. Emergency service must have same cost-sharing regardless of whether they are provided by a network provider.		
<b>Section 2719A - PHS/Section 10101 - PPACA:</b> <b>Prohibit Rescissions:</b> Rescission of coverage is not allowed unless the covered individual has committed fraud or makes an intentional misrepresentation of material fact.		
<b>Section 2711 – PHS/Section 1302(b) – PPACA:</b> In general all health plans are prohibited from applying annual and lifetime dollar limits to Essential Health Benefits. Essential health Benefits include ambulatory services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse (including behavioral health treatment), prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventative and wellness services and chronic disease management, and pediatric services, including oral and vision care.		

***By signing below, I am certifying on behalf of the above School Trust Pool that our policy form(s) submitted with this checklist meets all of the applicable requirements of Indiana law and Federal law. I understand and acknowledge, on behalf of the School Trust Pool, that the Indiana Department of Insurance is relying on this certification in making its determination whether to approve or disapprove this policy filing. If any policy provision is not in compliance with Indiana law or Federal law, the Indiana Department of Insurance may take regulatory action against the School Trust Pool.***

**Signature:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_